

FAX 515-281-2701

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa CityIMPORTANT: Indicate type of committee you are reporting for: 4(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**Candidate Name
Regenia BaileyPolitical Party
n/aOffice Sought
Iowa City City Council District C

OCT 30 2003

District (if Senate or House)

SIGNATURE OF TREASURER (or person filing this report)

Amy Correa

319 887 3578

TELEPHONE

10/30/03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A five days prior to election REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date)Indicate one 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

November 4, 2003

County & Local Committees, enter County in which Election is held

Johnson**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 2,126.55**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,698.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0(Schedule H applies to Candidates' Committees Only)SUB-TOTAL\$ 4824.55**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2516.31

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 2308.24****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 76.55****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

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DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa CityIMPORTANT: Indicate type of committee you are reporting for: ☒ 4(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Regenia Bailey

Political Party

N/A

Office Sought

Iowa City City Council District C

District (if Senate or House)

FORM
DR-2
(Rev. 07/2003)DISCLOSURE
REPORT**For Office Use Only**

Comm. #

Logged In

Scanned 1-20-04

Computer

Audited

JAN 20 2004

SIGNATURE OF TREASURER (or person filing this report)

Amey Correa

TELEPHONE

319-887-3578

DATE SIGNED

1/20/03

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A five days prior to election REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date)Indicate one ☒☒ CHECK IF AMENDMENT TO REPORT DATED 10/30/03☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

November 4, 2003 12-2-03

County & Local Committees, enter County in which Election is held

JOHNSON**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 2121.21**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2773.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 4894.21**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2516.31

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 2377.90

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)**IMPORTANT:** Indicate type of committee you are reporting for: ☐ 4(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Regenia Bailey

Political Party

n/a

Office Sought

Iowa City City Council District C

District (if Senate or House)

**FORM
DR-2**

(Rev. 07/2003)

**DISCLOSURE
REPORT****For Office Use Only**

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A five days prior to election REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
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(You must continue to file reports until a Notice of Dissolution is filed.)Local Committees, enter Date of Election
November 4, 2003County & Local Committees, enter County in
which Election is held
Johnson**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

2,126.55

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2773.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL**\$ 4899.55**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....

2516.31

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

2383.24

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 76.55****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/2/03	ID# CK#	A. Mori Costantino 407 Brown St. Iowa City, IA 52245		\$25.00	<input type="checkbox"/>
10/25/03	ID# CK#	correction to math error from page #1 of Schedule A		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 75.00

TOTAL (if last page of this schedule)

\$ 75.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS – MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/30/03	ID# CK#	Gertrud MacQueen 454 Lexington Ave Iowa City, Ia 52246		\$ \$50.00	<input type="checkbox"/>
9/30/03	ID# CK#	Margaret Dorsey Phelps 427 Ferson Ave. Iowa City, Ia 52246		\$25.00	<input type="checkbox"/>
10/2/03	ID# CK#	Judith Hendershot 3 Audubon Pl Iowa City, Ia 52245		\$25.00	<input type="checkbox"/>
10/2/03	ID# CK#	Larry Baker 1217 Rochester Ave Iowa City, Ia 52245		\$25.00	<input type="checkbox"/>
10/2/03	ID# CK#	Jo Jones 3201 Muscatine Ave #1 Iowa City, Ia 52245		\$25.00	<input type="checkbox"/>
10/4/03	ID# CK#	Janet Lyness 3010 Creighton Dr Iowa City, IA 52245		\$25.00	<input type="checkbox"/>
10/4/2003	ID# CK#	Candida Maurer 1613 College Ct. Pl Iowa City, IA 52245		\$50.00	<input type="checkbox"/>
10/8/03	ID# CK#	Chris Brus 741 Dearborn St. Iowa City, Ia 52240		\$25.00	<input type="checkbox"/>
10/8/03	ID# CK#	Lauren Reece 901 Melrose Ave. Iowa City, IA 52246		\$25.00	<input type="checkbox"/>
10/8/03	ID# CK#	Michael Lensing 411 E. Fairchild Iowa City, IA 52245		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ \$250.00	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/8/03	ID# CK#	Vicki Lensin 2408 Mayfield Rd. Iowa City, IA 52245		\$25.00	<input type="checkbox"/>
10/14/03	ID# CK#	Jeanette Carter 424 Oakland Ave Iowa City, IA 52240		25.00	<input type="checkbox"/>
10/10/03	ID# CK#	Kimberly Ryan 1131 Church St. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/15/03	ID# CK#	Barbara Buss 718 S. Summit St. Iowa City, IA 52240		100.00	<input type="checkbox"/>
10/20/03	ID# CK#	Amy Correia 11 S. 7th Ave Iowa City, IA 52245		40.00	<input type="checkbox"/>
10/20/03	ID# CK#	Fundraiser at The Mill Restaurant		338.00	<input type="checkbox"/>
10/20/03	ID# CK#	Matthew Lage 900 N. Johnson St. Iowa City, IA 52240		75.00	<input type="checkbox"/>
10/20/03	ID# CK#	Krishna Das 4265 Oakcrest Hill Rd. Iowa City, IA 52246		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	John Haefner 1425 Barry Drive Iowa City, IA 52240		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Caroline Dieterle 727 Walnut St. Iowa City, IA 52245		30.00	<input type="checkbox"/>

SUB-TOTAL

\$ 708

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/20/03	ID# CK#	Thomas Carsner 1627 College Ct. PL Iowa City, IA 52245		\$50.00	<input type="checkbox"/>
10/20/03	ID# CK#	Ruth Osborn 630 N. VanBuren St. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Lorraine Bailey 46 Amber Ln. Iowa City, IA 52240	mother	50.00	<input type="checkbox"/>
10/20/03	ID# CK#	Robert Oppliger 1903 Grantwood St. Iowa City, IA 52240		50.00	<input type="checkbox"/>
10/20/03	ID# CK#	Nicholas Johnson P.O. Box 1876 Iowa City, IA 52241		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Joseph Bolkcom 728 Second Ave Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Mary Vasey 508 Melrose Ave. Iowa City, IA 52246		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Patricia Vunderink 1152 Hunters Run Iowa City, IA 52246		50.00	<input type="checkbox"/>
10/20/03	ID# CK#	Cornelia Lang 730 N. VanBuren St. Iowa City, IA 52245		50.00	<input type="checkbox"/>
10/20/03	ID# CK#	Loret Mast 631 E. College St. #2 Iowa City, IA 52240		60.00	<input type="checkbox"/>

SUB-TOTAL

\$ 410

TOTAL (if last page of this schedule)

\$

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/20/03	ID# CK#	Nancy Reincke 328 Reno St. Iowa City, IA 52245		\$25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Kathleen Janz 328 Reno St. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/20/03	ID# CK#	Susan Beckett 305 Windsor Dr. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/21/03	ID# CK#	Leslie Swhwalm 819 E. Market St. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/21/03	ID# CK#	Jody Hovland 1429 Glendale Rd. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/21/03	ID# CK#	Kelley Putnam PO Box 1580 Iowa City, IA 52244		25.00	<input type="checkbox"/>
10/21/03	ID# CK#	Lenore Hale 250 Black Springs Iowa City, IA 52246		25.00	<input type="checkbox"/>
10/21/03	ID# CK#	David Hempel 751 Grant St. Iowa City, IA 52240		50.00	<input type="checkbox"/>
10/22/03	ID# CK#	Joyce Sumerwill 1006 Highwood Iowa City, IA 52246		25.00	<input type="checkbox"/>
10/22/03	ID# CK#	Cheryl Hetherington 927 Dewey St. Iowa City, IA 52240		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 300

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/22/03	ID# CK#	Dan Campion 1700 Rochester Ave Iowa City, IA 52245		\$25.00	<input type="checkbox"/>
10/22/03	ID# CK#	Dianne Kaufman 811 N. Linn Iowa City, IA 52240		25.00	<input type="checkbox"/>
10/24/03	ID# CK#	Pamela Berry 25035 Heather LN. Richmond Heights, OH 44143	sister-in-law	100.00	<input type="checkbox"/>
10/24/03	ID# CK#	Jim Brown 2659 Hickory Trail Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/24/03	ID# CK#	Jill Krominga 1215 Ginter Ave Iowa City, IA 52240		25.00	<input type="checkbox"/>
10/24/03	ID# CK#	James Lindberg 225 Richards Iowa City, IA 52246		50.00	<input type="checkbox"/>
10/24/03	ID# CK#	Leah Cohen 1638 Teg Dr. Iowa City, IA 52246		100.00	<input type="checkbox"/>
10/24/03	ID# CK#	David Curry 1333 Bristol Dr. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/24/03	ID# CK#	Cynthia Pauley 1422 E. College St. Iowa City, IA 52245		25.00	<input type="checkbox"/>
10/24/03	ID# CK#	Dale Shultz 822 Elliot Court Iowa City, IA 52246		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 425

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/24/03	ID# CK#	Robin Berry 4462 Gilmer Lane Richmond Heights, OH 44143	sister-in-law	\$100.00	<input type="checkbox"/>
10/24/03	ID# CK#	Nancy Schuster 2195 Valley View Dr. Rocky River, OH 44116		100.00	<input type="checkbox"/>
10/24/03	ID# CK#	J.R. Berry, Jr. 430 Church St. Iowa City, IA 52245	spouse	100.00	<input type="checkbox"/>
10/25/03	ID# CK#	Geraldene Felton 522 Larch Ln. Iowa City, IA 52245		100.00	<input type="checkbox"/>
10/25/03	ID# CK#	David Kreiter 1322 Dover St. Iowa City, IA 52240		25.00	<input type="checkbox"/>
10/25/03	ID# CK#	unitemized contributions for the reporting period		180.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 605

TOTAL (if last page of this schedule)

\$ 2698

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Page 6 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY

EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Bailey for Iowa City

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/30/03	ID# CK# 1021	Iowa City Press-Citizen 1725 N. Dodge St. Iowa City, IA 52245	newspaper advertising	\$ 287.82
9/30/03	ID# CK# 1022	Daily Iowan 1111 Communications Center Iowa City, IA 52244	newspaper advertising	291.97
9/30/03	ID# CK# 1023	KXIC Radio 3365 NE Dubuque St. Iowa City, IA 52240	radio advertising	144.00
9/30/03	ID# CK# 1024	KCJJ Radio PO Box 2118 Coralville, IA 52244	radio advertising	176.00
10/2/03	ID# CK# 1025	Paul's Discount 424 HWY 1 W. Iowa City, IA 52246	candy to hand out at the UI Homecoming parade	39.70
10/2/03	ID# CK# 1026	Goosetown Graphics 314 Reno St. Iowa City, IA 52245	banner for homecoming parade	96.00
10/14/03	ID# CK# 1027	Zephyr Copies and Design 124 E. Washington St. Iowa City, IA 52240	photocopy campaign materials	141.71
10/15/03	ID# CK# 1028	US Postmaster 400 S. Clinton St. Iowa City, IA 52240	charge for mailing campaign materials	\$192.61
SUB-TOTAL				\$ 1369.81
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/03	ID# CK# 1029	Regenia Bailey 430 Church St. Iowa City, IA 52240	reimburse for postage stamps	\$ 9.20
10/17/03	ID# CK# 1031	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	printing of campaign materials	561.80
10/16/03	ID# CK# 1030	US Postmaster 400 S. Clinton St. Iowa City, IA 52240	postage stamps	11.50
10/23	ID# CK# 1032	KCIJ Radio PO Box 2118 Coralville, IA 52244	radio advertising	564.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1146.5
TOTAL (if last page of this schedule)				\$ 2516.31

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Bailey for Iowa City

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/1/03	Avalon Networks PO Box 2074 Iowa City, IA 52244	web hosting	\$ 29.95
10/7/03	Karen Kubby 328 Second Ave Iowa City, IA 52245	reimburse for volunteer gathering primary evening	46.60
SUB-TOTAL			\$ 76.55
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.